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PTO/SB/22 (10-00)

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Linda
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number:
210121.419C7

In re Application of Tony N. Frudakis et al.

Application Number 09/534,825

Filed March 23, 2000

For COMPOSITIONS AND METHODS FOR THE TREATMENT AND
DIAGNOSIS OF BREAST CANCERGroup Art Unit
1642Examiner
A. Harris

RECEIVED

JUL 13 2001

TECH CENTER 1600/2900

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a
Reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) \$110
☐ Two months (37 CFR 1.17(a)(2)) \$ _____
☐ Three months (37 CFR 1.17(a)(3)) \$ _____
☐ Four months (37 CFR 1.17(a)(4)) \$ _____
☐ Five months (37 CFR 1.17(a)(5)) \$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown
above is reduced by one-half, and the resulting fee is: \$ _____.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this
application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required,
or credit any overpayment, to Deposit Account Number 19-1090.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a): 33,287

**WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.**

7/6/01
Date

James M. Verna
Signature

James M. Verna

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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